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3EATTLE, WA 90104						(Depositor's name)
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/790,313 03/01/2004		Sadayuki Shoudai		891050.401	9340	
TITLE OF INVENTION	I: MAGNETIC TAPE A	ND METHOD FOR MA	NUFACTURING THE SA	МЕ		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/04/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	1		
FALASCO, LOUIS V		1773	428-838000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the p			P Law Group PLL
	ondence address (or Cha	ange of Correspondence	(1) the names of up to or agents OR, alternati	vely,	attorneys '	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single registered attorney or a	e firm (having as a	member a 2 s of up to	
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a 2 registered patent atto- listed, no name will be	meys or agents. If n printed.	o name is 3	
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	oe)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
TDK Corporation Tokyo, JAPAN						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
			A check is enclosed.			
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies3			Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the grouped (fce(s), any deficiency, or credit any overpayment, to Deposit Account Number 191090 (enclose an extra copy of this form).			
			overpayment, to Depo	sit Account Number	191090 (enclose a	n extra copy of this form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
					tered attorney or agent; or th	
interest as snown by the	records of the United Sta	ratent and Trademark	Office.			
Authorized Signature	Myde	(HR)		Date Aug	ust 1, 2007	
Typed or printed name Raymond W. Armentrout Registration No.						
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OMB 0651-0033